

Please indicate how well we did in the acquisition of your property by circling the appropriate category or checking the "not applicable" box:

	Excellent 5	Good 4	Average 3	Below Average 2	Poor 1	Not Applicable <input type="checkbox"/>
1. How well did we answer your questions about the proposed transportation project?		4	3	2	1	<input type="checkbox"/>
2. How well did we explain the need for your property and the process used to purchase your property?	5	4	3	2	1	<input type="checkbox"/>
3. Was the Right-of-Way Agent informed and responsive to your questions?	5	4	3	2	1	<input type="checkbox"/>
4. Was the Right-of-Way Agent courteous and professional?	5	4	3	2	1	<input type="checkbox"/>
5. How would you rate the usefulness of the printed material provided by the Department?	5	4	3	2	1	<input type="checkbox"/>

Comments:

If you would like to be contacted by telephone to give additional information or comments, please complete this portion.

Name:

Phone Number: ( )

DEPT. OF TRANSPORTATION

RIGHT-OF-WAY

NOV 28 2005

To be completed by NHDOT Right-of-Way Agent

Project Number: Conway 113398 Parcel Number:

RECEIVED